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Approved for use through 1/31/20/7. And 0031-0032.

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/727,223			ing Date 03/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	FOR	NU	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		l	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A		ı	N/A		
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *					x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	specification and drawing ts of paper, the application 50 (\$125 for small entity) f ional 50 sheets or fraction S.C. 41(a)(1)(G) and 37 C			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If	the difference in col	r "0" in colum		TOTAL			TOTAL						
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	12/04/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 7	Minus	↔ 7		= 0		X \$25 =	0	OR	x s =		
	Independent (37 CFR 1,16(h))	• 2	Minus	 2		= 0		X \$100 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))												
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus	**				x \$ =		OR	x \$ =		
	Independent (37 CFR 1,16(h))		Minus	***				x \$ =		OR	x s =		
	Application Size Fee (37 CFR 1.16(s))												
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
										OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Pervolusy Paid For M THIS SPACE is less than 3, enter "20". "If the "Highest Number Pervolusy Paid For M THIS SPACE is less than 3, enter "3". "If the "Highest Number Pervolusy Paid For M THIS SPACE is less than 3, enter "3". Wand Meredith The "Highest Number Pervolusy Paid For M THIS SPACE is less than 3, enter "3".													

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 animates to complete, another ingolated projection form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.